



BARBARA J. ATTARD
Independent Police Auditor

Office of the Independent Police Auditor

COMPLAINT FORM

Complete this form and return to the IPA. If necessary, you will be contacted for clarification of your complaint.

Date: _____

INFORMATION ABOUT THE COMPLAINANT

_____ Last Name	_____ First Name	_____ MI
_____ Address	_____ City	_____ State
_____ Mailing Address (if different from above)	_____ City	_____ State
_____ ()	_____ ()	_____ ()
_____ Home Phone	_____ Work Phone	_____ Cell/Mobile Phone
		Do you need a Translator? _____ (What language?)

Date of Birth

Driver's License #

Race/ Ethnicity

Gender

(for statistical purposes only)

How did you hear about the Office of the Independent Police Auditor?

INFORMATION ABOUT THE INCIDENT

_____ Date	_____ Time	_____ Location of incident
Officer(s) Involved & Badge Number or Description: _____ _____		Police Report Number: (if known) _____

If Badge # or name unknown- Description: _____

Witness Name(s) Address, Phone Number:

1. _____
2. _____
3. _____

Nature of the Complaint: _____

It is important for you to understand that in order for an investigation into your complaint to be conducted, you must sign and return the enclosed *Boland Admonishment* form. This is a mandated requirement by the state of California for anyone filing a complaint against a police officer. This admonishment states that anyone who *knowingly* makes a false complaint against a police officer may be prosecuted for a misdemeanor offense. Please read this admonishment carefully and ensure that you understand it before signing and returning it with your complaint.

SUMMARY OF COMPLAINT (SEE OTHER SIDE)

[illegible]